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INTRODUCTION

Available data indicate that the genetic susceptibility for low bone mass is present very early in life. The aim of this project is to establish whether bone acquisition in teenagers who have sustained a fracture and have low bone mass can be enhanced by changing environmental factors, such as mechanical loading. The effects of a twelve-month mechanical intervention on musculoskeletal development in teenagers will be longitudinally studied and the results will be compared to matched groups of teenagers undergoing either a classic resistance exercise intervention or no intervention. The mechanical intervention will consist of brief exposure to low level (0.3g; 1g = earth gravitational field) high frequency (30-Hz) mechanical loading for 20 minutes three times per week. The cross-sectional properties of the bone make a substantial contribution to its strength. Data indicate that the cross-sectional dimensions of bone are important determinants of low-energy impact fractures in children, stress fractures in military recruits, and osteoporotic fractures in elderly women. Insulin-like growth factor-I (IGF-I), a major regulator of longitudinal bone growth, has also recently been shown to be an important determinant of cross-sectional bone growth. This study will examine the possible relations between the cross-sectional properties of bone and circulating levels of IGF-I, IGF-binding protein-3, and IGF-I genotypes in teenagers with sport-related fractures. The possible relations between bone acquisition induced by mechanical stimulus and circulating levels of IGF-I and the IGF-I genotype will also be assessed.

BODY

This research study was initially approved by the local Internal Review Board (IRB), the Committee on Clinical Investigations (CCI), on March 20, 2001. Following the notice of award by the U.S. Army Medical Research and Materiel Command (USAMRMC) on June 25, 2001, we were contacted by the Human Subjects Protection Specialist, Dr. Adrienne King, in the Office of Regulatory Compliance and Quality at the USAMRMC. This office was assigned our proposal for review for compliance with applicable human subjects protection regulations and Dr. King requested copies of the protocol and consents, which were formatted to the U.S. Army specifications and forwarded on August 27, 2001. On September 11, 2001 we received a request for revisions and were notified of the upcoming meeting dates for the Human Subjects Research Review Board (HSRRB). The protocol and consents were revised as requested and resubmitted via federal express on September 21, 2001. On October 19, 2001 a conference call was conducted between the Principal Investigator (Dr. Vicente Gilsanz), COL Zadinsky, and Dr. Adrienne King, resulting in further recommendations for revisions to the documents, which were resubmitted in November for the November 28, 2001 meeting of the HSRRB. Following that meeting, further requirements were made for revisions, which were responded to, and again, in the January 9, 2002 meeting of the HSRRB additional changes were requested, which were also addressed. We received notification on February 26, 2002 that this protocol had been approved for use in human subjects research by the HSRRB.

Thereafter, the approved protocol and consents were forwarded to the CCI at Childrens Hospital Los Angeles for local IRB review and approval. Such approval was issued by the CCI on June 14, 2002.

Due to the constraints indicated above, recruitment efforts for the cross-sectional assessment of females were significantly delayed and commenced just prior to the ending period covered date of this report. As of September 9, 2002, eight females were enrolled and participated in all exams outlined in the Statement of Work for the cross-sectional arm of this project, and seven more were scheduled for appointments. There have been no preliminary findings, no complaints by the participants and no adverse events.

During the next several months, we will enroll a total of 144 female teenagers who have had a fracture in this project. Each participant will have a physical examination, anthropometric measurements, an x-ray of the left hand/wrist, blood will be drawn, and measurements of bone and body composition will be obtained via computed tomography (CT) and dual energy x-ray absorptiometry (DXA). In addition, questionnaires will be completed pertaining to the dietary intake and physical activity of the participants. Thereafter, 72 females with the lowest values for bone mass will be enrolled in the longitudinal study. This work will continue as described in the approved Statement of Work.

To enhance recruitment efforts, we plan to revise the Statement of Work to expand the ages of participants to 15 to 20 years old and to allow recruitment through friends and family members of employees at Childrens Hospital Los Angeles and through local schools, clubs and church groups. These changes will not affect the outcome of this study.

KEY RESEARCH ACCOMPLISHMENTS

HSRRB and IRB approval. Infrastructure in place to recruit participants. Eight female teenage enrolled and completed cross-sectional arm.

REPORTABLE OUTCOMES

None

CONCLUSIONS

None

REFERENCES

Not applicable

APPENDICES

None